

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **020369#37**  
**LOUIS MERRIWEATHER**  
**348-451**  
**CHILLICOTHE CORR. INST**  
**P.O. BOX 5500**  
**CHILLI COTHE, OH 45601**

2. Article Number  
(Transfer from service label) **7002 0860 0006 5229 8078**

COMPLETE THIS SECTION ON DELIVERY

A. Signature <b>X</b> <i>C. C. C.</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) <i>C. CLARK</i>	C. Date of Delivery <i>2-16-05</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	